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Art. I.—QUININE IN ASTHMA.

By B. R. Hogan, late U. S. A.

The value and importance of *quinine* in all paroxysmal and congestive diseases have secured for it a high place in our catalogue of therapeutic agents. In the latter condition of any of the important organs, it is the safest and most efficacious agent in the materia medica. From its happy influence in relieving congestion, in our autumnal fevers, I was, *à priori*, induced to administer it in asthma. In every instance in which I have given it, or known it administered, the complete relief of the *dyspnœa*, and termination of the paroxysm, have succeeded in an hour. Subsequent attacks have been warded off. The paroxysm is as *tractable* to the influence of quinine as the slightest quotidian.

In the forming stage of croup, two grains of quinine, and a snuff plaster to the breast of a child, two years old, parried the attack.

My friend John A. English, M. D., of Cohaba, Ala., has used it with complete success, in a long standing case of asthma, which had resisted the usual remedies. Four grains of quinine "operated like a charm," and relieved the patient in thirty minutes.

I communicate to you this important effect of quinine, in order that the profession may scrutinise the high claim I set up for it, and, by further experience, direct in what cases it may be most beneficially administered, in one of the most distressing and intractable diseases "which flesh is heir to."

From two to eight grains of the sulph. quinine at a dose, to be repeated in an hour if not relieved. B. R. HOGAN.

Cambridge, Dallas Co., Ala., Jan. 31, 1841.

Art. II.—DEATH FROM ERYSIPELAS: PRICKS BY A SCALPEL—SLIGHT RAZOR CUT—SCRATCH BY A NAIL—PULLING OUT A MOLE—REMEDY FOR BEE STINGS.

By James Mease, M. D., of Philadelphia.

In the month of December last, it was stated in the newspapers, that a young man had died at Framingham, Connecticut, in consequence of using the same razor, (without wiping) to shave himself, which he had just before employed to shave his deceased father. The impression was, that some morbid matter on the face of the father had been applied to that of the son, and had caused his death. The principle of action—*humani nihil à me alie-*

num puto, might have been sufficient for me to inquire about the fact, but more was concerned than the indulgence of professional curiosity, or a benevolent feeling:—a life was in question; I therefore determined to ascertain the particulars, and accordingly addressed a letter to a gentleman resident in the town, requesting a communication of them. From him I received the following printed article, by the attending physician, Dr. Whitney, which appears to have been addressed to the editor of the newspaper, published in the place where the parties resided.

"*Framingham, Oct.* 29, 1841.

"Mr. Editor.—Having seen different accounts in the newspapers respecting the death of our very worthy and esteemed townsman (Mr. Henry W. Coolidge) and knowing the circumstances of the case, I take the liberty of stating them to you as they occurred. The aged father, who had been sick for some time, died of a hepatic disease. He had too, as is frequently the case, at the termination of many diseases, a very bad thrush or canker in the mouth, attended with frequent hemorrhages. The son, who had always enjoyed good health and was well at this time, (with the exception of what he termed a cold sore or two on his lip) shaved the father after his decease. Then with the same razor, brush and soap, he shaved himself immediately. This was on Tuesday and by the Saturday following, one of the sores upon the lip became very troublesome, affecting it internally and externally. On Sunday his disease progressed and thus continued daily to increase producing a most hideous swelling of the head and face, till the next Saturday, when he died. The disease was no doubt gangrenous erysipelas. Was it an idiopathic disease, or was it communicated from the father by means of the brush? Should think the latter highly probable.

"Yours, with respect, S. W."

I presume the sores on the lip must have been irritated by the edge of the razor, and given rise to the erysipelas. That the cause suggested was quite sufficient to produce this often unmanageable disease, is probable from our knowledge of its frequent occurrence after apparently slight local affections, and of serious consequences, and even death from them. Many anatomists have died from the irritation roused in the system by pricking a finger with a scalpel. Falck, an English author on syphilis, and of other medical works, and two professors of the Medical School in Dublin, died from the effects of the first accident. Falck, many years since, and the two last within ten or twelve years. Another lost his life from scratching his hand with the sharp edge of a rib. A few weeks since, a man cut one of his fingers when strapping his razor, and died shortly after, from inflammation and gangrene in his hand and arm. Another scratched his finger last year, with a nail in a barrel which he was handling, and died in the same way. I knew a dreadful and mortal cancer which destroyed the lower jaw, and finally life, to follow the pulling out a small mole in the chin; and I have recorded several cases of death from the poison of honey bees, an humble bee, and wasps, which they had manufactured from the sugar, or saccharine fluid sucked by them from flowers, fruits, or sweet cider. Death took place in 10, 20, and 30 minutes after the stings were inflicted.[1] The poison of spiders has been equally mortal as that of bees. But what was the modus operandi of these venoms? why, you will say, they *destroyed the vital principle*,—certainly,—but what is this? the answer leaves the inquirer as wise as before he asked the question. Here is a fine and new subject for a prize essay, by some learned medical corporate body. By the way, since the publication of my paper just referred to, a case occurred in the vicinity of Philadelphia, of a bee-sting which was attended with spasms and such high excitement as to require venesection twice. Aqua ammonia was also liberally given with good effect. This remedy should be applied immediately to the part after a sting, and also given internally, every ten or fifteen minutes, in doses of 10 or 15 drops in water, and the vapour inhaled by the nostrils.

[1] Amer. Journal of Med. Sciences, for Nov. 1836.

Art. III.—ON THE PSEUDO-MORBID APPEARANCES OF THE BRAIN AND ITS ENVELOPES.

By Robert Paterson, M. D., &c.[1]

Physician to the Leith Dispensary.

The object of the present communication is to take into consideration the pseudo-morbid changes which take place in the brain and its envelopes.

These changes present themselves under the forms of colourations and softenings,—appearances with which, as arising from disease, every medical man is familiar; but which sometimes are noticed, and bearing a very marked character, when few or no symptoms have existed during the life of the patient, to give rise to the suspicion, that such a state of matters would have been found after death. In such cases, we shall find a ready explanation of the phenomena in pseudo-morbid changes.

During the course of a series of experiments on pseudo-morbid ramollissement or softening, as occurring in the brains of the lower animals, we had occasion to draw up a table showing the different parts of the brain which were successively affected with pseudo-morbid softening, and, upon comparing this table with others which were drawn up after a similar manner from the works of Abercrombie, Andral, Louis, Bright, &c., some striking similarities were noticed with regard to the parts which were first found softened from disease and from pseudo-morbid change.

This similarity at once suggested the idea, that, in consequence of this source of fallacy, some mistakes may have occurred; more especially with the authors in this country, as here the same facilities for the examination of dead bodies does not exist, and often a much longer time is allowed to elapse between death and dissection.[2]

It shall be our object to point out the circumstances connected with this source of fallacy, so that it may in future be guarded against.

We use the term pseudo-morbid in the consideration of this subject, not only as it has been employed by the most recent writers on these phenomena, but because it includes the many appearances, (unconnected with disease,) which may take place immediately before death, at the moment of dissolution, and subsequent to that event. The terms cadaveric, *post mortem*, pseudo-inflammatory, inflammatoidal, and M. Andral's cadaveric or *post mortem* hyperemic appearances, have each been applied to the phenomena in question; but the term which we have adopted seems preferable to any of these, on account of its more extensive signification.

CAUSES OF PSEUDO-MORBID PHENOMENA IN THE BRAIN.

The causes which operate on the brain, and give rise to pseudo-morbid colourations and softenings are four in number.

I. *Obstruction in the course of the Venous Circulation occurring shortly before death.*—Cases of slow asphyxia furnish illustrations of this. Dr. Bright has given a beautiful instance of it in a case of obstructed circulation through the large veins;[3] and M. Andral, speaking of his mechanical hyperemia, says, "Thus, in such a case, the brain, when sliced, presents numerous red points, which are nothing else than the divided orifices of the congested vessels."

II. *Gravitation of the Blood to the more dependent parts (the hyperemia by hypostasis of M. Andral).*—This cause comes into operation most frequently at the posterior parts, in consequence of the manner in which bodies are generally laid out after death. M. Andral believes that we may produce

[1] Edin. Med. & Surg. Journ., Jan. 1842, p. 106.

[2] Some of the authors of this country do not even mention the length of time which elapsed, which consequently gives us no room for judging.

[3] Bright's Medical Reports, Vol. ii. Part 1st, p. 6.

a colouration of the substance of the brain, by simply making the head more dependent than the body. This assertion is contrary to the statement of Drs. Kellie and Abercrombie, and also opposed to experiments which I myself have witnessed on dogs which were suspended by the hind legs, immediately after death. The blood was thus allowed to gravitate towards the head. But on comparing those animals with several others which had been suspended in a contrary direction, and where, of course, the blood was allowed to gravitate towards the posterior extremities, little difference was observed in the quantity of blood which the brains of each respectively contained.[1] The same fact is taken notice of by Dr. Kellie. Whether the result of these experiments is to be accounted for by the difference existing in the method by which the brain of the lower animals is protected from pressure, in consequence of their horizontal position, I am unable to say. But there can be no doubt that in the human brain, colouration is frequently produced by the gravitation of the blood to the depending parts; and it is obviously a most important duty to note the position of the head in the examination of bodies found dead, as well as in many other cases.

III. *Extravasal transudation and imbibition of the Blood, or of some of its component parts, after death.*—This is a cause which is well known to produce ecchymosed spots around the vessels of the scalp, and bloody-serous effusions in the cerebral and spinal arachnoid membrane; and we shall presently have to direct the reader's attention to another pseudo-morbid phenomenon resulting from it.

IV. *Spasmodic action of the muscular system, occurring towards the close of life*, may be enumerated as another cause of the appearances which simulate the phenomena produced by disease. It operates during infancy, when the fontanelles are open, by pressing the blood into the cranial case from the rest of the body; and we shall have further occasion to refer to it as a cause of pseudo-morbid appearances.

Pseudo-Morbid Colourations.—Every medical man accustomed to the inspection of dead bodies must have felt the difficulty of determining, when the substance of the brain was to be considered in a morbidly congested state. Colouration in its various stages has frequently been observed, while the most careful inquiries have failed to detect the previous occurrence of corresponding symptoms; and too often, we believe, have pseudo-morbid injections been regarded as the effects of some inflammatory action supposed to have been going on in the brain.

The appearances which cerebral colouration presents are two in number, the spotted or the "injection sablée" of M. Lallemand, and the diffused or uniform. The spotted redness is allowed by all authors to be simply an increase in the number and size of the red spots which naturally occur. It is best seen in the medullary substance, while the diffused almost always occur in the cortical. The spotted redness is by far the most frequent pseudo-morbid appearance; and it is remarkable that it is also a much surer indication of inflammatory action. It is to be seen in those who die from slow asphyxia, from an impediment to the circulation in the right side of the heart, or in the veins of the upper part of the body. It also happens as a consequence of convulsions, when these take place before the fontanelles are closed. The brain is then exposed to pressure, not only from external agencies, but also from such as act through the circulation, without a cor-

[1] My friends, Professors Reid and Simpson, who were present at the experiments referred to, were satisfied that little difference existed in the actual quantity of blood in the vessels of the brain. Although in the animals hung up by the tail, and where, of course, the blood was allowed to gravitate to the head, there was such an enormous quantity of blood in every minute vessel of the external parts and bones themselves, that it was impossible to keep it from rapidly passing over and colouring the brain. This gave rise to very fallacious appearances, which, however, were easily proved to be so by taking a clean knife, and making a new slice of the brain, when it was seen of its natural colour; but very soon became red, from the causes formerly mentioned.

responding external pressure. The violent muscular contractions of a convulsive attack force the blood along the arteries, and restrain the freedom of its passage through the veins proceeding from the head; an accumulation, therefore, takes place in the vessels and substance of the brain, which are beyond the influence of muscular pressure.

By such means, then, may spotted colourations be produced in the substance of the brain, resembling the results of the first stage of inflammation; and all these circumstances must be taken into consideration, before deciding whether a congestion be the result of disease, or a pseudo-morbid phenomenon. In cases where a general appearance of congestion is found, it is important to note the kind of death the person has died, the quantity of blood in the system at the time of dissolution, the position of the body after death, the interval that has been allowed to elapse from death to dissection, the connection of previous symptoms, with *post mortem* appearances, and the concomitant presence of albuminous exudation, or any of the certain proofs of inflammatory action in the membranes, or any part of the brain.[1] "After all," says M. Andral, "this kind of redness can only be considered as decidedly the result of active hyperemia of the brain, when it is very well marked, and even then we must always allow for the kind of death the person has suffered." After due allowance has been made for all the circumstances of the case, and they are found insufficient to account for the presence of the colouration, it may then be pronounced the consequence of inflammatory action.

When the "injection sablée" occurs in particular parts of the brain only, or around an apoplectic effusion, the probability of the colouration being the result of morbid action, is greatly increased. Such, however, is not the case with the diffused redness which is so often met with in the cortical, and occasionally in the medullary, substance of the brain. This kind of colouration is very frequently seen surrounding apoplectic clots; and every anatomist is familiar with it in the brains of subjects which are examined at a considerable interval after death. Occurring under such circumstances, we are inclined to place no reliance on it as a mark of diseased action. The mode of its formation is very simple. The substance of the brain, and especially its cortical parts, absorbs fluid with great facility; extravasal transudation of the serum and colouring matter of the blood goes on after death, and, together with the cerebro-spinal fluid, they are absorbed by the substance of the brain, which thus acquires the kind of colouration under consideration. A similar explanation applies to the zone of diffused redness, which is so often seen around apoplectic clots, and which is produced merely by the absorption of the colouring matter and serum of the effused blood. That such is the case is easily proved by the introduction of coagulated or fluid blood (the latter is preferable) into the brains of the lower animals after death. The diffused redness appears in the cerebral substance surrounding the clot in the course of from eighteen to twenty-four hours after its insertion. This experiment we have repeated several times with the same result. The constant occurrence of a concomitant ramollissement in the red portion has been supposed to add to the likelihood of the diffused redness being a morbid appearance; but a similar softening is as invariably observed in the experiments to which we allude; and it is only what we would naturally expect to find when the serum of the blood has been taken up by the cerebral tissue. We, are therefore, not disposed to attach any importance to the fact, that diffused redness around an apoplectic clot is accompanied by ramollissement, and trust entirely to the spotted colouration

[1] For, according as the individual has died of a disease, proving fatal by slow asphyxia, or with a large quantity of blood in the system, has lain after death with the head dependent, or if a long time has been allowed to elapse between death and dissection, (or even a short time in warm weather), so must the appearances be judged of, and our opinion modified accordingly.

(whether or not associated with softening) for the proof of morbid action. If the small dots of blood are so increased in size as to form smaller coagula or apoplectic clots around the larger ones, such an appearance may still more surely be regarded as a proof that the softening has been of an inflammatory nature, and has been previous to, if not the cause of, the bloody effusion.

Pseudo-Morbid Softening.—Ramollissement or softening[1] of the cerebral mass, has of late years attracted considerable attention; and we now proceed to consider whether softenings entirely pseudo-morbid may not be mistaken for those which occur as the result of disease.[2] Pale or white ramollissement of the nervous centres (according to M. Andral) presents several degrees. In the first, the change of consistence is perceptible only to the touch; in the second, the nervous substance is so different, that the change is perceptible to the eye; in the third, it is completely fluid, its texture being totally destroyed, and nothing appearing in its place but a kind of cellular structure, which seems to be the original frame-work of the part. In the fourth degree of softening, even this trace of structure disappears, and there is a complete solution of continuity. The softened portion may either preserve its natural colour, or assume a new one, as red, purple, brown, violet, yellow, greenish, &c. Pseudo-morbid softenings, on the other hand, only simulate diseased appearances in the earlier of these stages. They may or may not be visible to the eye, but are always discernible to the touch. The colour is in general not changed; but M. Orfila has seen pseudo-morbid softenings assume all the varieties of colour mentioned above, as green, brown, &c.; so that no distinction can be drawn from the colour of the softened portions, as to whether they have been produced by morbid or pseudo-morbid causes.

We have formerly mentioned that the brain speedily absorbs any fluid with which it may be in contact. This happens even when it is covered with its investing membranes, but to a greater extent when these are removed. The brains of sheep have been allowed to stand for a certain number of hours in a given weight of water, which was rapidly absorbed. The weight was proportionally increased, and the parts most exposed to the fluid were found in a softened state. In one instance the brain was deprived of its membranes on one side, and six hours after death it was immersed in a mixture composed of equal parts of ox bile and water. It weighed three ounces seven drachms and four grains when prepared for experiment. After remaining in the mixture thirty-six hours, it weighed eight ounces and one drachm. It had a dingy yellow colour, which was much deeper on the side where the membranes had been removed. On that side the yellow colour of the bile had penetrated the whole extent of the cortical substance, but nowhere was the medullary matter at all tinged. On

[1] The pale or white softening here referred to has been considered by some as a gangrene of the brain (Morgagni, Lieutaud, Baille); by Rostan as similar to *gangrena senilis;* and by Recamier, as a change, *sui generis.* The white softening from putrefaction has undoubtedly precisely the same appearance, in every respect, as the white softening the result of disease.

[2] Softened portions of the cerebral mass are not unfrequently observed at *post mortem* examinations, which at once strike the examiners as being the result of disease, and yet no symptoms have been noticed during life to give countenance to the idea. They are, nevertheless, too frequently set down as the result of disease. Dr. Copland, in considering softening of the brain, and in remarking upon the frequent want of connection between symptoms and appearances after death, says, "It should be kept in recollection, that this state of the cerebral structure, although often preceded by signs of inflammation, and exhibiting in the parts surrounding it inflammatory appearances, is often neither preceded by the one, nor accompanied by the other, on the contrary, with a directly opposite train of phenomena and state of parts."

Such appearances often result, as we shall presently show, from pseudo-morbid changes.

the side where the membranes had been left entire, the subarachnoid cellular tissue was quite distended with yellow coloured fluid,[1] and the internal parts of the brain were in a very softened condition.

The rapidity with which fluid is absorbed by the cerebral mass suggested a series of experiments, with the view of observing whether the parts in the vicinity of the cerebro-spinal fluid might not acquire a softening liable to be mistaken for the effects of disease. The brains of sheep and oxen were the subjects of our observations. The heads of these animals were procured from the market, all killed within an hour or two of each other. They were kept in a room, the temperature of which was from 50° to 56° of Fahrenheit. They were opened at stated intervals, and, from a minute examination, the following table has been drawn up:—

Interval between death and examination.	*Parts softened.*
1st, 36 hours,	Septum lucidum.
2d, 48,	Corpora striata.
3d, 60,	Commissura magna.
4th, 68,	Anterior part of fornix.
5th, 72,	Internal part of lateral ventricle.
6th, 84,	Cortical substance in general.
7th, 112,	Pons Varolii.
8th, 136,	Hippocampi.[2]

The softenings arising from decomposition, as mentioned by M. Orfila, are seen 1st, in the *commissura magna;* 2d, in the *septum lucidum;* 3d, in the walls of the lateral ventricles.

The situation of the softenings noticed in this and the preceding tables is very similar, and they become most interesting when compared with other tables drawn from the works of authors who have written on morbid ramollissement of the brain. Thus, M. Andral, in order to illustrate the relative frequency of diseased softening in different parts, gives 169 cases from the works of different authors, 33 of which were his own. In these

Softening of the middle lobes occurred in	37
corpora striata,	28
anterior lobes,	27
posterior lobes,	16
optic thalami,	15
circumvolutions alone,	14
one hemisphere in its entire extent,	13
circumvolutions and other more deeply seated parts,	9
dispersed through different points,	5
of the entire hemispheres,	4
parieties of ventricles,	2
cerebral peduncles,	1

A point worthy of attention in reference to the foregoing table is, that, out of the 169 cases, softening took place

In the right hemisphere,	73
In the left,	63
In both,	33

[1] May not this imbibition of fluid into the subarachnoid cellular tissue take place immediately after death, and be one of the causes of serous effusion being so often found in the arachnoid cellular structure, and so seldom in the sac of the arachnoid in cases of meningitis?

[2] Although in the preceding table we have mentioned the parts which had become softened from the date of each experiment, yet it is important to keep in mind that the parts mentioned in the first experiment, as being found softened, were always found softened (generally more so) in each succeeding one.

The following table has been compiled from Dr. Abercrombie's table on the Diseases of the Brain and Spinal Chord. It shows the relative frequency with which he found ramollissement to occur in different parts.

In the septum and fornix, softening was found in	16 cases.
anterior, outer, and upper parts of hemispheres,	7
centre of hemispheres on a level with, and external to, the lateral ventricle,	6
internal part of ventricles,	4
corpora striata,	2
corpus callosum,	2
posterior part of one hemisphere,	1
upper part of both hemispheres,	1
lower part of one hemisphere,	1
both thalami optici,	1
all central parts,	1

Of 18 cases of white softening, or softening without change of colour, in 14 the *septum lucidum* was affected, and in 12 the *septum lucidum* and walls of lateral ventricles.

Dr. Bright found the relative frequency of softening to take place as follows:—

In the anterior, outer, and upper part of cerebrum in	2 cases.
posterior and middle lobes,	2
parts of brain external to, and on a level with, lateral ventricles,	1
fornix and septum lucidum,	1
corpus striatum,	1

The preceding tables show that great variety exists with regard to the localities in which ramollissement of the brain is most frequently found by different pathologists; still, however, we observe that the parts most frequently noticed to be softened are those in the immediate neighbourhood of the lateral ventricles. It is so in M. Andral's cases, and it is more especially so in those of Dr. Abercrombie.

It must be remembered, however, in looking at M. Andral's cases, that by far the majority of them occurred on only one side of the brain, which at once takes away all idea of their being pseudo-morbid. In Dr. Abercrombie's table, it will be observed, softening of the *septum lucidum* and fornix occurred sixteen times, and in the neighbourhood of the lateral ventricles six times more, which is twenty-two times out 42 cases. It may be further remarked, that the generality of these softened portions are not mentioned to have been altered in colour, or any other particular remark made regarding them, further than that they were softened. The same remark applies to numberless cases which have been recorded, and in which parts of the brain have been simply described as softened, both when symptoms of disease of the brain have been present during life, and also when no such symptoms existed.

To turn to our experiments on pseudo-morbid softenings, and compare the results with those mentioned above, and taken from the works of authors on the diseases of the brain, we shall find that the softenings occur most frequently in the central parts of the brain, and chiefly in the *septum lucidum*, *fornix*, and *corpora striata*.

I do not mean to say that, in consequence of this circumstance, any one of the cases from the authors we have quoted were not genuine cases of morbid ramollissement; I only wish to point out a source from which fallacy may arise, and from which, I conscientiously believe, it has not unfrequently arisen. This latter statement will appear the more likely when we remember that in general, no mention is made, further than that such and such parts were found in a state of softening; no mention is made of the interval

between death and dissection; and that no mention is made of the season of the year at which the occurrence took place, the importance of all which are now generally known and recognised.

Softenings may be considered then the result of inflammatory action, when they are surrounded with a zone of red vessels, with small coagula, or if the softened portions are infiltrated with purulent matter,[1] and also, if taking into consideration all the circumstances mentioned above, we cannot attribute them to be connected with pseudo-morbid phenomena.[2] There is another point to which we would shortly direct attention, viz. the connection of softening of the ventricular walls, or surface of the brain, connected with morbid effusion of serum.

Large effusions of serum are found in the ventricles without any softening whatever of the walls of the ventricles, nay, even there is sometimes an unusual hardness in them. Again, with very moderate effusion of serum, we sometimes find the walls of the ventricles extremely soft, and the *septum lucidum* and *fornix* broken down. With regard to the former of these two states, when the ventricular walls are found hard, along with ventricular effusion of serum, we are inclined to look upon this hardness as the result of disease. We have not unfrequently seen cases presenting this state of matters, when a considerable interval has elapsed before dissection, and when we believe in ordinary cases considerable softening would have taken place. And with regard to the latter, or when considerable softening is found with little effusion of serum, it may be remarked that white softening under such circumstances most generally arises from imbibition of fluid by the cerebral substance.

Pseudo-morbid phenomena in the cerebral envelopes.—We have, in the last place, to consider the phenomena belonging to the above head, which the membranes of the brain are liable to present. We shall find that there is only one appearance in the arachnoid and *pia mater*, which is liable to be mistaken for actual disease of the membrane; we refer to opacity of these membranes covering the brain from effusion. It is a well known fact, that in those who die of a lingering disease, and more especially where there is much impediment to the circulation of blood through the lungs, or its return from the head by venous obstruction, there is generally a considerable effusion of serum found under the arachnoid and into the ventricles. Thus M. Louis says, that subarachnoid effusion is generally absent when death is sudden in phthisis, but very common when this disease proves fatal by prolonged agony and impeded venous circulation.[3]

Under such circumstances, then, it is not unusual to find considerable opacity of the arachnoid covering the brain, and occasionally so much is to be seen, that the membrane itself has all the appearance of being thickened, or having an effusion of lymph under it. This is an appearance, however, which is very deceptive, and which is as often produced by simple disten-

[1] M. Lallemand imagines, that in every case of white ramollissement the white colour results from purulent infiltration; this, however, besides being denied by M. Andral, obviously cannot be the case, as white softening is the common result of putrefaction.

[2] It is of consequence also to remember, that many slight inflammatory softenings are rendered much more so by pseudo-morbid causes, and more especially in young persons, when the texture of the brain has less consistence than those more advanced in age.

[3] Effusion into the subarachnoid space has been noticed in three fourths of all cases of phthisis, and two fifths of other diseases; the cases all opened early. (Louis.) It is well known also, that, in the fevers of this country there is generally more or less subarachnoid effusion, accompanied, according to Dr. Alison, with no other mark of inflammation. This is quite a pseudo-morbid phenomenon in our opinion, arising partly from the slow manner of death in typhoid fever, and also the interval which is allowed to elapse between death and dissection, as well as the circumstance of its being a disease where both solids and fluids are extremely prone to putrefaction.

tion of the membrane by the subjacent fluid as by any other cause. When the membrane is greatly distended in this way, and the meshes of the *pia mater* are also filled, great opacity is the result. A similar appearance is observed in the cornea from over-distension by effusion into the interior of the eye, and which is well known to be removable by simply puncturing it, and the transparency at once returns. The same is observed also when a dead eye-ball is pressed between the fingers; the cornea becomes at once opaque, its transparency, however, immediately returning when the pressure is removed. So with the arachnoid, when effusion exists beneath it, and gives rise to opacity, we have only to make a few punctures in it, and it soon regains its transparency if arising from that cause; if not, we then conclude that the membrane itself is thickened, or that there is effusion of lymph beneath it.

This appearance of opacity is not unfrequently to be observed at the inferior and posterior part of the brain from the simple dependence from position of the liquor of Magendie, (cerebro-spinal fluid.)[1] It is easily distinguished from effusion of lymph, however, or opacity of the membrane, by the above method.

It has frequently appeared to us rather a remarkable fact, that while, in inflammation of serous sacs in general, we have the serous effusion taking place into the sac itself, in the arachnoid, on the contrary, this is extremely rare; and we have been inclined to attribute this, partly to the fluid escaping when the sac is opened into, partly to gravitation towards, the base of the brain, and partly to imbibition by the subarachnoid tissue; indeed, this latter phenomenon has appeared to us of more frequent and general occurrence than any other pseudo-morbid phenomenon which the brain and its envelopes present.

BIBLIOGRAPHICAL NOTICES.

Shipman's Report relating to a case of alleged Malpraxis.[2]

A distinguished surgical friend has kindly communicated to us the following view of the merits of this case. It accords with the sentiments almost universally expressed on the subject. With the concluding observations, every one desirous of preserving the dignity and harmony of the profession, cannot fail to accord.

"My dear Sir—I have looked over the 'Report of the facts and circumstances' relating to a case, where a man of intemperate habits, a patient of a county poor house, has brought, by means of a fund raised for the purpose by subscription, a suit for malpraxis against his attending physicians. These were Drs. Goodyear and Hyde of Cortland Co. N. Y., who were discharged from attendance on the case, by the authorities of the house to

[1] The cerebro-spinal fluid is said to be all absorbed in twenty-four hours. This does not coincide with our observations, we having generally found it in considerable quantity at a much later period. Extravasal transudation, however, begins to take place about that time, and the subarachnoid effusion and consequent opacity is frequently earliest noticed in the immediate neighbourhood of the large venous ramifications.

[2] A Report of the Facts and Circumstances relating to a Case of Compound Fracture, and Prosecution for Mal-practice, in which William Smith was plaintiff, and Drs. Goodyear and Hyde were defendants, at Cortland village, Cortland Co., N. Y., March, 1841, comprising statements of the case by several medical gentlemen, together with Notes and Comments on the Testimony. By A. B. Shipman, M. D., 8vo. pp. 35. Cortlandville, 1841.

make way for Drs. Shipman, Carpenter and Patterson. In the change, which called them into charge of the case, the latter gentlemen appear to have had no agency. The plaintiff suffered a compound fracture of the lower part of the leg, with protrusion of the bones, which were reduced, and the limb, it appears to me, was judiciously dressed in the extended position by Dr. Shipman. The patient then came under the charge of the two first named gentlemen, who, as it would seem, without sufficient reasons, altered the plan of treatment, by placing the limb upon a double inclined plane, leaving the foot so unsupported as to allow it to roll outwards, and the end of the tibia to protrude, which ultimately became necrosed, and the wound verminous. The immediate question of medical dispute was the propriety of amputation in *this* state of the limb, 10 or 12 days after the occurrence of the injury; a question which might well be considered doubtful by judicious practitioners. My own views, considering the general good condition of the patient, would have led me to follow the practice so successfully pursued by Dr. Shipman and his associates,—excision of the dead portion of the bone and the treatment of the limb in the straight position. Much complicated medical testimony was given, and the case terminated without result, the patient withdrawing the suit.

It is necessary, perhaps, that glaring instances of mal-practice should be exposed, but one cannot but regret to see any medical question,—and there are so many in which men may honestly differ,—publicly agitated and spreading discord in a profession, of which the members, for the sake of the general good and their personal comfort, should live at least on terms of courtesy, if not of harmony, with each other. Yours truly, P."

Coxe on the Agaricus Atramentarius.[1]

The veteran *savan*, whose pamphlet is before us, has given an interesting account of this singular Agaricus; the pamphlet itself, and some of the illustrations, being printed with the ink derived from its deliquescence. Dr. Coxe first noticed the fungus in September, 1812, in his garden, and shortly afterwards, he discovered many of the same kind growing luxuriantly in the grass in different parts of Washington Square, in this city. The plant generally begins to appear from about the middle of August and to its close, and continues until even the middle of November, or later, unless frost should sooner take place; but he has found it at earlier and later periods.

Dr. Coxe details experiments which he made upon it with different reagents, and he adds:

"From several trials, I found the deliquated fluid well adapted to constitute an excellent bistre-coloured ink for drawing; and *from* it I had a drawing made of the plant itself, in its different gradations, from the perfect and recent cone, to its expansion and perfect development of the interior; as seen in the accompanying lithographic plate. I was induced subsequently to try it mixed with oil, for engravings in copper, and found it answer very well. It does not answer so well as a lithographic ink; as, unless great care is bestowed, such is its affinity to the water passed over the stone, that the engraving is smeared by it. I obtained, however, some pretty good ones by this process, and from its great indestructibility, I think it likely that it may be advantageously employed in filling up the writing in bank notes and other papers, as common agents appear to have but little action upon it, without at the same time destroying the paper itself. The principal difficulty will be to discover in what way it may be best cultivated."

[1] A Brief Description of the Agaricus Atramentarius, with a Statement of some of its singular Properties, and a lithographic view of the Plant in its different changes. By John Redman Coxe, M. D., 8vo. pp. 12. Philadelphia, 1842.

Paine's Materia Medica,[1] *and Answer to Dr. Carpenter.*[2]

The objects of Dr. Paine's therapeutical arrangement are expressed in the title page, but more fully in the preface. They are "*First*, To arrange the *materia medica* upon intelligible, physiological, and therapeutical principles. *Secondly*, To indicate the relative therapeutic value of the various articles, under their different denominations, by arranging them in the order of their value. *Thirdly*, To give the student a comprehensive and ready view of the merits of the various articles composing the *materia medica*, and of their relations to each other, physiologically considered: and, *fourthly*, to supply a convenient means of graduating the doses of medicines, &c.," p. vi.

As an accompaniment to the lectures of Dr. Paine, the work must necessarily be more useful than in any other relation, for in many parts its brevity renders it exceedingly obscure, and the decyphering of the symbols occasions more trouble than the generality of readers will bestow upon it.

On the subject of classification we are disposed to be very tolerant, for but few are found to agree, and attempts at originality are more apt to run in this direction than in others of infinitely greater importance. We think, however, that the classification adopted by Dr. Paine is exceedingly unhappy. His classes are as follows:—1. Antiphlogistics. 2. Permanent Tonics. 3. Diffusible Stimulants. 4. Cerebro-spinants or Nervous Agents. 5. Astringents. 6. Uterine Agents. 7. Urinary Agents. 8. Anthelmintics. 9. Errhines. 10. Chemical Agents. And 11. Diet and Regimen, in a general sense.

Of these classes we can comment upon one or two only. The class of cerebro-spinants or nervous agents is made to comprise, 1. Narcotics. 2. Antispasmodics. 3. Tetanics or cerebro-spino excitants. 4. Moto-paralysants. 5. Senso-paralysants. 6. Cerebro-spino-depressants. 7. Doubtful nervous alterants.

This singular choice of names sufficiently indicates the views of the author in regard to the remedial agents classed under them: but we presume he will find few therapeutists to accord with him. Thus, under *Narcotics* he places opium and its preparations, the preparations of morphia, henbane, lactucarium, Hoffman's anodyne liquor, hops, hemlock, belladonna, stramonium and the lycopus Virginicus; under *Antispasmodics*, all the narcotics, sulphuric ether, assafœtida, camphor, castor, musk, acetic ether, skunk cabbage, cyanide of potassium, cyanide of zinc, ferrocyanide of zinc, valerian, galbanum, tincture of muriate of iron, creosote, cuprosulphate of ammonia, nitrate of silver, sulphate of zinc, sulphate of copper, colchicum, indigo, hydrocyanic acid, hydrocyanic ether,

[1] A Therapeutical Arrangement of the Materia Medica, or the Materia Medica arranged upon physiological principles, and in the order of the general practical value which remedial agents hold under their several denominations, and in conformity with the physiological doctrines set forth in the medical and physiological commentaries. By Martyn Paine, M. D., A. M., Author of the Commentaries and of the Letters on the Cholera Asphyxia of New York, and Prof. of the Institutes of Medicine and Materia Medica in the University of New York, pp. 271, New York, 1842.

[2] Dr. Paine's answer to Circular Letters by Drs. Carpenter and Forbes, (from the Boston Med. and Surg. Journal,) 8vo. pp. 8, Boston, 1842.

mugwort, oxide of zinc, oil of amber, cobweb, Dippel's animal oil, rue, and oil of turpentine.

Our space will not permit us to cite the agents belonging to the other orders of the class cerebro-spinants. We may remark, however, that under the 7th order of *Doubtful nervous agents*, by which Dr. Paine understands "agents whose mode of operation is remarkably peculiar," he places only belladonna and stramonium.

As already suggested, the volume before us, with the aid of the expositions of the author from his chair, may be useful to the student: but we have no hesitation in saying that it would in no respect suit ourselves.

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In regard to the answer of Dr. Paine to the circular letter of Drs. Carpenter and Forbes, contained in a former number of this Journal, it may be sufficient to observe, that Dr. Paine is induced to doubt the statement of those gentlemen—that Dr. Carpenter is not the author of the review containing the plagiarism from Dr. Channing. Dr. Carpenter distinctly affirms, that he did not write it. Dr. Forbes confirms this statement. This is enough for us, and we presume for our readers. It is so regarded by every professional gentleman, who has spoken to us on the subject. In respect to Dr. Paine's "Commentaries" we wrote as we thought in the pages of the Intelligencer. Some have been less favourably impressed, as is evidenced by the article in the *British and Foreign Medical Review*, which has given Dr. Paine so much uneasiness. We believe that article to have been written in a spirit of honesty, and with a desire to do justice; and it would have been wise, we think, if Dr. Paine had so thought; or if he had thought otherwise, that he should have suffered the article to be forgotten. For ourselves, we have always been disposed to deprecate replies by authors to criticisms on their works. If the Review has been just, no *reclamation*, especially if exhibiting anger or undue sensitiveness, is of any avail; and if unjust, the public will usually disregard it. Dr. Paine has issued his answer, and has hurled an additional missile at the offenders in the preface to his Materia Medica, and we would now say of the controversy, under the kindest feeling to all parties, and in the language of the cenotaph—*Requiescat in pace.*

Sewall's Pathology of Drunkenness.[1]

This letter is contained in the first number of the *Enquirer*, a paper established by the philanthropist, Mr. Delavan, for the promotion of the great cause of temperance. Professor Sewall's remarks are, therefore, not addressed to the Medical profession. Their object is to show the serious physical evils that result from the abuse of ardent spirits; and they are elucidated by striking lithographic plates—*first*, of the appearances presented by the stomach in its healthy state; *secondly*, of those of the drunk-

[1] The Pathology of Drunkenness, or the physical effects of alcoholic drinks, with drawings of the drunkard's stomach. A letter addressed to Edward C. Delavan, Esq., by Thomas Sewall, M. D., Prof. of Pathology and the Practice of Medicine, in the Columbian College, District of Columbia, fol. pp. 15, Albany, 1841.

ard's stomach; *thirdly*, of those of the same after a debauch; and *fourthly*, of the same after death from delirium tremens.

The letter cannot fail, we think, of making that impression, of which its philanthropic author is desirous.

Publications of the Baltimore College of Dental Surgery.

In a late number, we had occasion to draw the favourable attention of our readers to a work on Dental Science by Dr. Harris. Since then, we have received vol. 2, No. 1 of the *American Journal and Library of Dental Science*, for September, 1841, which, owing to some inexplicable accident, has been lying in the post office for many months. This must be our apology for not having sooner complied with the request of the editors as expressed on the cover.

We have, likewise, received No. 47, vol. 1, of the *Guardian of Health*, edited by Thos. E. Bond, Jr. M. D., and Chapin A. Harris, M. D., a monthly periodical, which cannot fail to furnish useful information, evidences of which are manifest in the number before us.

But these are not all the recent emanations—direct or indirect—from this active institution. A valedictory address to the students of the College of Dental Surgery has been delivered by W. R. Handy, M. D., Professor of Anatomy and Physiology,[1] which appears to us well adapted for the occasion; and lastly, we have received the second annual announcement of the Baltimore College of Dental Surgery, which contains a history of the Institution, mode of instruction, terms of graduation and of admission, &c. &c. Where so much zeal and ability are exhibited, we cannot doubt the successful issue; and although as a general rule, we object to the exclusive pursuit of specialties in the practice of our profession, this department has been always so completely separated from general, and even from ordinary chirurgical practice, that every attempt at improving the condition of Dental Surgery must receive countenance and favour from the philanthropist. The Baltimore College has led the way, and the dentists of other places must follow, or consent to be esteemed laggard in the race of improvement.

Billing's First Principles of Medicine.[2]

The success, which this volume has met with, sufficiently indicates its appreciation by the profession. Its main merit consists in the plain, frank, and able manner, in which the author canvasses many of the important principles of medical science. He does not always arrive at conclusions that correspond with the results of our own investigations, but we do not esteem his observations the less interesting on that account. He properly esteems physiology to be the basis of all pathological studies. "The modes," he observes, "by which students may attain a *knowledge of the nature of disease*, after

[1] Valedictory Address, delivered before the Baltimore College of Dental Surgery, at its Second Annual Commencement, Feb. 18, 1842. By W. R. Handy, M. D., &c., small 8vo. pp. 16, Baltimore, 1842.

[2] First Principles of Medicine. By Archibald Billing, M. D., A. M., Member of the Senate of the University of London, &c. &c. First American from the fourth London edition, revised and improved: 8vo., pp. 300, Philad. 1842.

learning physiology or the nature of healthy functions, which is attainable from lectures, are accurate observations of the diseases which take place in external parts, as they are submitted to our senses in CLINICAL SURGERY, and in the functions of internal parts as met with in CLINICAL MEDICINE; and MORBID ANATOMY, the examination of what is the degree and nature of alteration, which has taken place in the structure and the seat of the disease."

The work is well worthy the perusal, not simply of the student, but likewise of the practitioner. It furnishes materials for thinking, as well as for guiding the reflection, of the reader; and consequently belongs to the most useful class of scientific productions.

MISCELLANEOUS NOTICES.

On the Sounds of the Heart. By M. CRUVEILHIER.—From his recent investigations on this subject,[1] M. Cruveilhier is led to infer, contrary to the general belief, and certainly in opposition to our own researches, that both sounds of the heart are seated at the origin of the pulmonary artery and the aorta, and that they are owing to the clacking of the semilunar valves:—that the first sound which coincides with the systole of the ventricles, and the dilatation of the arteries, is the result of the elevation of the semilunar valves which had been previously depressed,—and that the second, which coincides with the dilatation of the ventricles and the contraction of the arteries, is owing to the depression of the semilunar valves by the refluent blood.

The subject of the sounds of the heart is ably discussed in the work of Dr. Hope, commenced in this number of the "Library," which contains, in addition to the experiments of European observers, those of the able and estimable American Editor, Dr. Pennock.

On the Nutritive Properties of Gelatine, and other principles. By M. MAGENDIE.—A commission, consisting of MM. Thénard, d'Arcet, Dumas, Flourens, Breschet, Serres and Magendie, was appointed by the Académie des Sciences of Paris, to inquire into the nutritive properties of gelatine,—Magendie, Reporter. From this report we extract the following conclusions.[2]

First, We cannot, by any known process, extract from bones an aliment, which, alone, or mixed with other substances, can be substituted for meat.

Secondly, Neither gelatine, albumen, nor fibrine, taken singly, can nourish animals beyond a short time, and then very imperfectly. In general those pure substances soon excite insurmountable disgust, so that the animal prefers doing without food to touching them.

Thirdly, The immediate principles above mentioned, when artificially combined, are taken with greater resignation and for a longer time than if

[1] Gazette Médicale de Paris, No. 32.
[2] Encyclographie des Sciences Médicales, Sept., 1841, pp. 385 and 513.

they were separated: but in the long run they exert no better influence in nutrition; for animals which eat them even in large quantities ultimately die under all the evidences of complete inanition.

Fourthly, Muscular flesh, in which gelatine, albumen and fibrine are associated organically, and with other matters, as fat, salts, &c., are enough, even in a very small quantity, for complete and prolonged nutrition.

Fifthly, Crude bones have the same advantage, but the quantity consumed in the twenty-four hours ought to be much greater than in the case of meat.

Sixthly, Every mode of preparation, such as boiling in water, the action of chlorohydric acid, and especially transformation into gelatine, diminishes the nutritive qualities of bones, and seems even in certain cases to abolish them.

Seventhly, The commission is not, however, desirous of pronouncing now on the employment of gelatine, associated with other aliments, for the nourishment of man. Direct experiments, in which they are at this time actually engaged, can alone throw definite light upon this matter.

Eighthly, Gluten alone is sufficient for complete and prolonged nutrition.

Ninthly, Fatty substances, used alone as aliment, support life for some time; but they give occasion to an imperfect and irregular nutrition, in which fat accumulates in all the tissues,—at times in the form of oleine and stearine, at others in that of almost pure stearine.

Existence of a Vegetable in Porrigo Favosa. Many communications have recently been made to the Académie des Sciences of Paris, to show the existence of a vegetable, a *mycoderme* in the Porrigo favosa. This vegetable seems to have the shape of a small tobacco box, and on opening it the cavity is found filled with granules. M. L. Megnier is disposed to refer many other cutaneous and mucous diseases to a vegetable origin.[1]

Phthisis Pulmonalis, with a Fistulous Opening in the Parietes of the Chest.[2]—The following case, exhibiting a very rare complication of phthisis, deserves the notice of the pathologist.

A man, 38 years of age, and who for a length of time had been extremely subject to attacks of catarrh, was seized in May, 1839, with pneumonia: this yielded to active treatment, but there remained behind a dry cough, and a feverish state, accompanied with frequent chills. In the beginning of July, a phlegmonous swelling made its appearance immediately below the right mamma; it gradually increased in size, and, as a fluctuation became distinctly perceptible, an opening was made into it and gave issue to an enormous quantity of a purulo-sanguineous fluid of a suffocating odour. This discharge continued night and morning usually to the amount of three or four ounces; the opening was situated between the fourth and fifth ribs.

For three weeks there was no reason to believe that a communication existed between the outward orifice and any of the bronchial tubes; but, on the 20th of August, it was observed for the first time that air escaped with a bubbling noise during the act of expiration, and when the patient coughed or spoke. It was easy to trace, by listening to the direction of the cavernous *souffle* which was very distinct, the course of the fistula inwardly. The pectoriloquy also was so loud that it seemed as if the patient spoke directly

[1] Encyclographie des Sciences Médicales, Sept. 1841, pp. 541, 545.
[2] Medico-Chirurg. Rev. Jan. 1842, p. 217.

into the ear of the auscultator. Two months subsequently, a second opening between the fifth and sixth ribs was formed, and gave issue to a purulent discharge mixed with air. In the first week of December, the patient expectorated for the first time a small quantity of purulent sputa. There commenced also at this time occasional attacks of orthopnœa; but the breathing during the intervals was not much distressed: the emaciation was extreme. A remarkable feature of the case was an exceedingly constipated state of the bowels, with an almost voracious appetite. On the 9th of January, the fifth rib was nearly exposed for about two inches in extent, being covered only by a few pale granulations; the quantity of the discharge by the wound continued as before; but the expectoration had quite ceased. The denuded portion of the rib became necrosed, and was gradually detached in small pieces. The patient died exhausted on the first of April.

(We suppose that a dissection was not permitted, as there is no mention in the report of the appearance after death.)

Remarks.—It is doubtful whether the formation of the abscess in the parietes of the chest was the effect of the pulmonic lesion extending itself towards the surface, or whether it was not rather a simultaneous disease developed accidentally over the situation of the cavern in the lungs. The circumstance of no air being observed to escape for three weeks after the opening of the abscess may lead us to adopt the latter opinion.—*Archives de Médecine Belge.*

We observe that M. *Raciborski* recently exhibited to the Royal Academy a case in which a tuberculous excavation of the lungs communicated with a subcutaneous *foyer*. The disease, says that gentleman, seems to be confined to a point of the left lung over the fourth or fifth rib; the respiratory sound being normal over the whole of the front of the chest. Over the spine of the clavicle and near the root of the bronchi, a loud gurgling noise is heard, especially during the fits of coughing. The pulmonic abscess communicates with the subcutaneous cellular tissue at this part, and the skin there is observed to be distinctly lifted up during each fit of coughing. By applying the hand over the part not only may this rising of the skin be perceived, but a sensation of the displacement of a fluid may also be felt. Compression causes the swelling to disappear, and occasions a peculiar sound arising from the retrocession of the air and fluid.—*Rev.*

Pharmacy in France.—The School of Pharmacy in Paris comprises five titular professors, "*professeurs titulaires*," and three assistant professors, "*professeurs adjoints.*" The other schools have three titular and two assistant professors. In each school there are also associated assistants, "*agrégés*," appointed for five years, who take the place of the professors in case of their absence, and assist at examinations. In the school in Paris there are five associate assistants, and three in the schools of Montpellier and Strasbourg. The titular and assistant professors are appointed by the minister of public instruction, from a double list of presentations, made, the one by the *School of Pharmacy*, and the other by the *Faculty of Medicine* of the town in which the school is situated. Each list of presentations contains the names of two candidates, but the same candidates may be presented both by the School of Pharmacy and by the Faculty of Medicine. No one can be named as titular professor who is not a doctor in physical sciences, and thirty years of age. The assistant professors are required to be licentiates in physical sciences, and twenty-five years of age. Both are required to have been admitted Pharmaciens in one of the schools of Pharmacy. The associated assistants are to be appointed by "*concours*," in a manner to be hereafter arranged in the council of public instruction. To be admitted to the "*concours*," it will be sufficient to produce the diploma of a Pharmacien and of a bachelor in physical sciences. The director of the school is to be chosen by the minister of public instruction, from among the

titular professors. He is to be in office for five years, and is eligible for re-election. Each school is provided with a responsible secretary, chosen by the minister of public instruction, from among the titular or assistant professors. There are also one or more "*preparateurs*," who must have the degree of bachelor of physical sciences, and are appointed by the director, with the concurrence of the professors. The director appoints the officers and servants. The *instruction* in each school, comprises:—

First Year.—Physics, Chemistry, and the Natural History of Medicines.

Second Year.—Natural History of Medicines, Materia Medica, and Pharmacy, properly so called.

Third Year.—Toxicology; and in the practical school, Chemical and Pharmaceutical manipulations.

No candidate can be admitted to an examination for the title of Pharmacien, who has not obtained the degree of bachelor of letters. Besides the two professors in medicine who are appointed to officiate at the examinations, three members of the College of Pharmacy must also be present, namely, two titular or assistant professors, and one associated assistant. The students of the schools of Pharmacy, who have gained prizes at the "*concours*," are exempted from the fees. The amount remitted for each prize is to be regulated by the university. The names of the successful students are published.

The *receipts and expenditure* of the Schools of Pharmacy are carried to the national budget of public instruction. The titular Professor, in Paris, is to receive a fixed annual salary of 4,000 francs; in the departments of 3,000 francs. The assistant Professors, in Paris, are to receive an annual salary of 2,400 francs, in the departments 1,500 francs. The Director is to receive in addition, as a jointure, an annual stipend of 1,500 francs, in Paris, and 1000 francs in the other colleges. The salary of the Secretary, in Paris, is 3,000 francs; in the other schools, 1,500 francs. The salary of the Preparateurs, is 1,200 francs. The payment for attendance at the examinations is 10 francs for those functionaries who are called upon to officiate. The same is allowed to the professors, who are charged with the examination of herbalists. The fee for the annual certificate, granted to each student, is fixed at 36 francs in each of the schools. The charge for examinations remains unaltered; for the first examination, 200 francs; for the second, 200 francs; for the third, 500 francs. The expenses of operations and demonstrations, incurred during the third year, which are defrayed by the candidates, are fixed at 200 francs, in Paris, and 150 francs in the other schools.

The acquirement of the diploma of Bachelor of Letters, will not be required in the candidates for examination, until the 1st of February, 1844.—*Pharmaceut. Transactions. Oct.* 1, 1841.[1]

Clinical Remarks on some Cutaneous Affections.

By W. Davidson, M. D., Physician to the Glasgow Infirmary.[2]

1. *Ioduret of Sulphur for Porrigo.*

Six cases are related. Two will suffice for us.

Case 1.—Charles Biggar, aged 10, a vagrant, was admitted on the 1st February 1840. Scattered over the whole of the head were numerous thick grayish patches of scabs, which, when removed, left the surface underneath perfectly bare and shining, but, in a day or two, numerous small pustules made their appearance, accompanied with considerabie itching. The eruption appeared in the form of small pustules four years ago. In this case,

[1] Medico-Chir. Rev., Jan. 1842, p. 283.

[2] London and Edinburgh Journal of Medical Science, No. 12, and Med. Chir. Rev. Jan. 1842., p. 268.

the scabs were first softened by the constant application of poultices for two days; the head was then shaved. An ointment, composed of five grains of the bichloride of mercury to one ounce of axunge, was tried from the 5th February to the 12th, without any improvement. The following was then employed:—

Iodur. sulphur.	. .	℈ij.
Axungiæ	. . .	℥ij. Misce.

This ointment was applied daily to the head; and in a few days a decided amendment was remarked.

On the 5th March, the following report was taken.—Pustules and scales are now completely gone, but there are some bald patches on head in the situation of eruption; no itching; surface of skin pretty natural; general health good.

He was dismissed in a few days afterwards.

Case 2.—Duncan M'Intyre, aged 10, a singer, admitted 30th December 1840. The whole head, particularly the forehead, was covered with a thick dry greyish white crust, accompanied with itching, but without discharge. The disease was of four years' duration, and was represented to be of a very inveterate kind. General health good; bowels regular; tongue clean; pulse 80.

℞. Iodur. sulphur.	. .	℈ij.
Axungiæ	. . .	℥j. Misce.

14*th January* 1841, or a fortnight after the use of the ointment, the eruption is reported to be quite gone, and the skin covering the scalp natural in appearance.

As a precautionary measure, it was continued until the 22d, when he was dismissed.

Dr. Davidson observes:—

"Porrigo, in all its forms, is often a very unmanageable disease, and even when cured is very liable to return. In private practice, and in the hospital, I have tried almost all the external remedies recommended by authors, but have found none so efficacious as the ioduret of sulphur, having repeatedly succeeded in curing the patient permanently with it, after a long trial of other agents. At the same time, it must be remarked, that the evidence derived from the treatment of this disease in an hospital is liable to this objection, that the future history of the case is frequently lost sight of, and there are consequently no means of ascertaining whether or not the disease returns.

The 1st and 4th cases seem to be examples of porrigo scutulata, and both had all the appearances of considerable inveteracy; and I may here remark, that slight cases are rarely sent to this hospital. This species is generally considered the most difficult of cure, and even though the tendency to pustulation be removed, there is little dependence to be placed on this sign, until the skin becomes natural in colour, or the hair is beginning to grow.

The 2d, 3d, 5th, and 6th cases seem to be examples of porrigo favosa; the yellow pustules and incrustation, the fetid discharge, the matting of the hair, and the pediculi are all characteristic of this species. It is in general a more manageable disease than the p. scutulata, and is more under the power of the ordinary agents employed in its cure. At the same time, it not unfrequently proves somewhat intractable. In the treatment of porriginous affections, the following is a more particular account than what is given in the short history of the cases. The head is first well washed with soap and water, the hair is then cut as short as possible with scissors, a poultice is applied, and continued for a day or two if necessary, to soften the crusts, which being removed as thoroughly as possible, the hair is closely shaved. In general, the ointment is not applied, until the head has been shaved, but if pediculi be present, it is employed from the commencement, in order

speedily to extinguish these vermin. The proportion of ioduret of sulphur employed has varied from 20 to 40 grains to one ounce of axunge; but, in general, the latter quantity may be safely used from the beginning, unless there be some unusual inflammatory action present; for it seldom excites any particular pain or irritation. As a general rule, the daily application of the ointment will be sufficient, but, in some cases, it is advisable to use it twice a-day, in order to facilitate the cure.

Alteratives, or any particular internal treatment, have rarely been resorted to, when the general health was tolerably good. Laxatives have occasionally been prescribed, and a mild farinaceous or milk diet."

We can speak from personal observation for the last two or three years, to the merits of the ioduret of sulphur ointment in the treatment of porrigo. We have found it, on the whole, more serviceable than any other application. In cases of porrigo decalvans we have seen it particularly useful. We employ it of greater strength than Dr. Davidson appears to do. One dram of the ioduret to seven drams of lard has been our customary formula, nor have we ever seen that over powerful.

2. *Ioduret of Sulphur for Lepra and Psoriasis.*

Case.—Margaret Phillips, aged 11, admitted 14th January 1841. The extremities were covered with circular patches of small shining white scales, which, being detached, exposed a red and somewhat elevated surface. The eruption, which was confined to extremities, made its appearance in the form of small white scales, and had existed for three years. The patient stated, that it has disappeared three or four times, after various remedies had been discontinued. General health was pretty good, tongue clean, bowels regular. Cap. sol. arsenic. gtt. vj. bis in dies.

℞. Iodur. sulphur. gr. xx. Axungiæ, ℥j. Misce.
App. ung. part. affect. omni note.
Hab. baln. calid. secunda quaque nocte.

25*th January.* The strength of the ointment was increased to 40 grains to the ounce of axunge. She was completely cured by 3d February, but remained in the house for eight or ten days longer, expecting her friends from the country to take her home. On the 13th February, she was seized with severe conjunctivitis, accompanied with iritis of right eye, which was subdued in about a fortnight; but the lepra showed no symptoms of return at her dismissal.

Case.—John M'Lennan, aged 35, a labourer, was admitted 19th June, 1841. Scattered over trunk and extremities was an eruption, which appeared about eleven weeks ago, in the form of irregular slightly elevated red patches, on the surface of which a thin white scale rapidly formed. Eruption was at first accompanied with slight itching, and the scales being scratched off were rapidly reproduced. Around the knee and ankle joints the patches were more continuous, and the scales considerably thicker than over other parts of the body. When scales are removed, the subjacent surface is smooth, dry, and slightly inflamed. He was a patient in ward 10, for a similar affection, about two years ago, when he got well under the use of baths, ointments, &c. General health good.

Hab. baln. tepid. omni nocte.
℞. Iodur. sulphur. ℈ij. Axungiæ ℥j. Misce.
Abrad. cap. Hab. pil. 1. coloc. comp. om. noct.

The ointment was used every night after the bath, and, on the 23d June, the scales were completely removed over whole body, and the prominence of the red patches greatly diminished.

25th.—The amendment was progressing, but a few new papulæ, covered with very thin scales, had appeared on lower extremities, which extended to back and abdomen, accompanied with itching.

Cont. ung. et balneum. Hab. sol. arsen. gtt. x. ter in dies.

July 8th.—Eruption almost gone, a few papulæ have appeared on abdomen, general health good.

July 12th.—Eruption quite gone, a few reddish stains on skin only remaining.

A case of Lepra Vulgaris is given. It is not remarkably satisfactory.

Dr. Davidson remarks:—

"The ioduret of sulphur does not seem to have so much power over lepra and psoriasis as over porrigo; although, in my experience, it has succeeded more frequently than any other agent that I have tried, with the exception of blistering by cantharides. Lepra alphoides, being a milder disease than lepra vulgaris, is more under its influence, as well as the milder forms of psoriasis, particularly in children; but the species named inveterata would prove somewhat intractable to this as well as to other remedies, as I had occasion to witness in a patient, who, although benefited considerably, was not cured; he was unfortunately carried off by fever before the result was ascertained.

"Three other patients affected with lepra and psoriasis have been treated in the Infirmary during last August; two of them have been completely cured, the other is still under treatment, but nearly well; all of them of several years' standing, and having employed a variety of medicines before admission. In one of the cases, a female, who had been using large doses of arsenical solution before her admission, which she was obliged to lay aside, the comparative effects of the ioduret of sulphur, and the acetum cantharidis were tested, the first upon the lower extremities, and the second on the arms. From the result of this and other trials, I am satisfied that the latter is the more powerful as a local agent in this disease. The acet. canth. however, was found too weak when prepared according to the formula in the Edinburgh Pharmacopœia; the proportion of cantharides was therefore doubled. It is proper, however, to state, that strong pyroligneous acid was alone used, without the addition of the acetic. Some other formulæ were tried for the purpose of producing ready vesication, such as an ethereal and an alcoholic solution of cantharides, which succeeded moderately well in some cases; but the speedy evaporation of the menstruum seemed to prevent their thorough action. The following preparation, which was applied with a small brush, answered the purpose pretty well, viz. one part of cantharides to three of a mixture of equal parts of castor oil and alcohol, especially when the flies were suspended in the oil, as suggested by Dr. Leslie, apothecary to the Royal Infirmary. The following liniment, however, which is a modification of the Emp. Canth. E. P., is superior to any preparation that I have tried. It is sufficiently soft during warm weather to be applied with a brush, but requires to be heated when the temperature of the air is low.

℞. Axung. Ol. Rapii, P. Cantharid. ā ℥j.

"In order to succeed with either of these vesicating agents, the skin ought to be previously softened either by means of the warm bath, or sponging with warm water."

[The Brandy and Salt so scornfully dealt with in the following article, has had a fitful existence with us amongst some of those credulous souls who are ready to embrace every folly of the day, no matter how extravagant it may be. There must be some tub to amuse the whale, and this is perhaps as harmless as any.—Ed.]

Brandy and Salt—a remedy for various Diseases. By J. H. Vallance. Price 6d.[1]—Morison's pills, that Lion or Leviathan of Allopathy—the lung-stretcher of Ely-place—mustard-seed—animal magnetism—nay homœopathy

[1] Medico-Chirurg. Rev. Jan. 1842, p. 163.

itself, may now hide their diminished heads. "BRANDY AND SALT" cure all diseases, and the remedy is within the reach of every individual, from a duke to a dustman. There never was a more ingenious invention, a more felicitous combination than "brandy and salt." The brandy makes the heart glad—and the salt increases the thirst for more brandy! Lucky invention—especially for the great promulgator, who has an extensive brandy-manufactory in France. None but the veritable *eau de vie* will have any virtue in combination with salt. Bett's and Booth's stuff are worse than useless—that produced in "LA FERTE IMBAULT," by W. Lee, Esq. is the elixir vitæ! Mr. Vallance appears to be the high priest of the temple of health in this country, and having been cured of a "bad leg," gratefully proclaims the following joyful tidings to suffering mortals.

"To all who acknowledge the superintending care of a DIVINE PROVIDENCE, the discovery of the remedy will appear as *a special gift from Heaven.*"

If this be not the height of blasphemy we know not what is! The way in which PROVIDENCE imparted this mighty secret to Mr. Lee, is somewhat remarkable. The estate of "La Ferte" was so much over-run with mosquitoes, and these little buzzing animals were so fond of English blood, that the proprietor had some thoughts of giving up his purchase, and returning to his native town of Leeds. But, just at this juncture, PROVIDENCE imparted to him the grand secret—the remedy, not only for mosquito bites, but for all the ills to which flesh is heir! Mr. Lee was too great a philanthropist—and too religious withal—to let this precious communication from the Deity remain unproclaimed to the nations of the earth. The "LEEDS MERCURY" had the honour of heralding the glad tidings, and now the pamphlet of Mr. Vallance will spread the "providential discovery"—we beg pardon—the divine annunciation, to the ends of the earth! Messrs. Lee and Vallance, however, are extremely candid and honest. They frankly admit that "brandy and salt" will probably fail in rendering man immortal, by reversing the decree—"dust thou art, &c." *See p.* 10. This is a "heavy blow and great discouragement" to the believers in the divine annunciation. There is one consolation, however, in the fact that, where the remedy fails to ward off death, it will, at all events, if freely employed, during life, preserve the body afterwards from corruption, and render it of little use to anatomists in their dissecting rooms.

The saturated solution of salt in brandy ("best French," mind) is to be taken at first, in the dose of a table-spoonful, early in the morning, mixed with water as hot as can be borne by the mouth and throat of the patient. In case of "worms or *paralytic* attacks," it is to be taken undiluted!! In order that all the glory of the remedy should be secured to the proper owner, it is strictly forbidden to take any other kind of liquor than the "brandy and salt" during the cure. This is a cunning law, for the remedy will be sure to be taken to the full extent of the prescription—"and something more"—as Lord Lyndhurst would say,—during the course of the treatment. We must admit, indeed, that there is some modesty in Mr. Vallance's pamphlet. For, while MORISON recommended his pills in *all* diseases, Mr. V. has only culled out forty of the principal afflictions, to which mankind is liable, for the exhibition of "brandy and salt." Why he did not throw the remainder of the catalogue into the bargain is best known to himself—perhaps he did not know the names of the others, or found them rather too jaw-breaking, if he consulted Good's Nosology.

Among these "forty thieves" which daily rob us of the most valuable articles of our property—HEALTH, we find the following culprits who are sure to be exterminated by brandy and salt:—viz. gout, consumption! inflammation of the lungs, asthma, scrofula, palpitation, inflammation of the brain, cholera, insanity, cancer, "fevers of all kinds," paralysis, tic douloureux, spinal complaints, enteritis, mortification—and twenty-four other grievous maladies!! A large list of cases, cured of the various diseases enumerated in the pamphlet, is published at the end of the work. Mr. Vallance naively

observes, in conclusion, that he has been at considerable expense in advertisements, &c. to make this remedy known—"*but very few of my correspondents recollected to enclose a remittance.*" He therefore pretty broadly hints that he will work no more *gratuitously* for an ungrateful public, and that those who choose to apply to him for his pamphlet, must inclose six "PENNY STAMPS!" For actual advice, "ONE SHILLING" must be forwarded, which is to be carefully secured by wax or wafers, as the money has frequently oozed out, and came not to the hand of the philanthropic dispenser of a divine gift to mankind!

While government permits, and while a community swallows such gross and unequivocal charlatannerie as this—and it is merely a sample—how preposterous is it to merge half, or rather three fourths of our grievances in the "counter practice of the chemist and druggist!!"

Dr. Robinson of Baltimore.—We are pleased to observe in a recent Baltimore paper, a preamble and resolutions unanimously adopted by the Medical Class of the University of Maryland, in testimony of their high appreciation of the services of Dr. Robinson, who, at the request of the Faculty, undertook to assist Professor Smith in his anatomical course. We have no doubt whatever, that the estimable gentleman richly merited the grateful tribute.

Jefferson Medical College.—At a meeting of the class of the Jefferson Medical College, on Friday evening, February 25, 1844. (At the close of the session.) H. W. Ducachet, Jr. of Pa., in the chair; A. N. Bell, of Va., Secretary.

On motion, *Resolved*, that a committee, consisting of one from each state or territory, be appointed to draft resolutions expressive of the feelings of the class in reference to the present Faculty and arrangements of Jefferson Medical College.

The following gentlemen were appointed on the committee:

D. T. Trites, Pa.	E. Brown, Ohio.
W. W. Sweat, Maine.	E. G. Desnoyers, Mich.
E. K. Willard, Mass.	L. M'Kee, Iowa T.
O. Sumner, Conn.	W. E. Brown, Tenn.
O. W. Kellogg, N. Y.	H. M. Whitaker, Ky.
E. B. Richman, N. J.	S. Emanuel, Miss.
G. C. Jones, Del.	W. H. C. Shellers, Ind.
J. H. Miller, Md.	I. F. Von Bretton, W. I.
C. R. Harris, Va.	F. A. Rees, England.
G. I. Musgrave, N. C.	P. M. O'Brien, Ireland.
R. W. Woddrop, S. C.	W. E. Cook, Nova Scotia.
B. F. Rea, Georgia.	O. Ayer, M. D., N. H.
L. Paullin, Florida.	W. B. Jones, M. D., D. C.
C. F. Williams, Ala.	J. Woolverton, M. D., U. C.

The committee reported the following preamble and resolutions, which were adopted.

Whereas we deem it our duty, before dispersing to our respective homes, to offer a just tribute to the Professors composing the Faculty of Jefferson

Medical College, and to the very valuable course of instruction given during the past session. Therefore:

Resolved, That we highly appreciate the zeal and ability with which the newly appointed professors have executed their arduous and important duties, as well as the marked and uniform kindness and courtesy exhibited by them and the other members of the Faculty on all occasions—both in their professional and private intercourse with us.

Resolved, That we deem the weekly surgical cliniques instituted in this College, together with the Medical Dispensary connected with the same, of the highest importance to the student, by affording him the means of observing and participating in an extensive medical and surgical practice throughout the year.

Resolved, That we consider the present organisation of Jefferson Medical College affords, in our opinion, every possible facility for acquiring a sound theoretical and practical knowledge of the various branches of Medical Science.

Resolved, That a copy of the foregoing resolutions be presented to the Dean of the Faculty, with the request that they be published in the next annual announcement.

Quain's and Wilson's Anatomical Plates. By Pancoast.—We are glad to observe, that Messrs. Carey & Hart have issued a prospectus of this expensive work,—expensive, that is, in the original, costing upwards of 100 dollars—for 15 dollars. It is, in our opinion, the most splendid work of the kind that has appeared. Its authors are practised and excellent anatomists, and not less informed in the various relations which that important department bears to medical science in general. The plates, in the original, are faithful representations of the human frame as exposed on dissection, and are beautifully delineated.

Such a work, executed throughout with the same care as the lithographic plates which have been exhibited to us, and under the supervision of so able an anatomist as Professor Pancoast, must be esteemed a cheap and most valuable addition to our stock of anatomical works; and we cannot doubt, that it will be eagerly sought after by the student; as well as by the practitioner, to refresh his memory on important occasions.

New Medical Journal in Boston.—A Quarterly Medical Journal has been advertised in Boston, to commence—provided sufficient encouragement be received—in July next. The editorial department is to be under the care of Dr. Charles E. Ware and Dr. Samuel Parkman.

The undertaking has our best wishes; and we are satisfied to adopt the language of the advertisement—"that ample materials, of sufficient interest and importance, exist, to support with credit both a weekly and quarterly journal in New England."